

For Office Use Only:

Cashiering No. \_\_\_\_\_

**APPROPRIATE FEE MUST ACCOMPANY THIS FORM***Make check payable to - Behavioral Sciences Fund***(Applications received without the fee will be returned unprocessed.)***(Please type or print clearly in ink)*

\*SOCIAL SECURITY NUMBER

BBS FILE NUMBER

NAME:

Last

First

Middle

Maiden name and any other AKA

\*\*ADDRESS OF RECORD: Number and Street

City

State

Zip Code

IS THIS A NEW ADDRESS?

YES

NO

☐☐*If YES, we will update our records accordingly.*

BUSINESS TELEPHONE:

RESIDENCE TELEPHONE:

SINCE YOU FILED YOUR LAST APPLICATION/REQUEST FORM:

- HAVE YOU BEEN CONVICTED OF, PLED GUILTY TO, OR PLED NOLO CONTENDERE TO ANY MISDEMEANOR OR FELONY?  
(Convictions dismissed under Section 1203.4 of the Penal Code must be disclosed. You need not include offenses prior to your 18<sup>th</sup> birthday or any traffic violations for which a fine of \$500 or less was imposed)

YES ☐ NO ☐*If YES, attach your explanation and related documents.*

- HAVE YOU BEEN DENIED A PROFESSIONAL LICENSE, HAD A PROFESSIONAL LICENSE PRIVILEGE SUSPENDED, REVOKED, OR OTHERWISE DISCIPLINED, or HAVE YOU EVER VOLUNTARILY SURRENDERED ANY SUCH LICENSE IN CALIFORNIA OR ANY OTHER STATE OR TERRITORY OF THE UNITED STATES, OR BY ANY OTHER GOVERNMENTAL AGENCY?

YES ☐ NO ☐*If YES, attach your explanation and related documents.*

***I declare under penalty of perjury under the laws of the State of California that I have read and understand the foregoing and that I meet with all the criteria stated therein and the information submitted on this form is true and correct. Applicants are advised that any and all information furnished herein is subject to investigation; further, that this application and all papers and documents pertinent thereto are the property of the State of California and will not be returned; further, that ANY FALSE, DISHONEST OR MISLEADING STATEMENTS IN THIS APPLICATION OR THE ATTACHMENTS ARE GROUNDS FOR DENIAL OR SUBSEQUENT REVOCATION OR SUSPENSION OF THE REGISTRATION OR LICENSE FOR WHICH APPLICATION IS BEING MADE.***

Date

Signature of Applicant

*\*Disclosure of your social security number (or federal employer identification number ("FEIN"), if you are a partnership) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c) (2) (c)) authorizes collection of your social security number.*

*\*\*The address you enter on this application is public information and will be placed on the Internet pursuant to Business and Professions Code section 27. If you do not want your home or work address available to the public, please provide an alternate mailing address. Title 16, California Code of Regulations Section 1804, states that all persons regulated by the Board shall maintain a current mailing address with the Board and shall notify the Board within 30 days concerning any change of address giving both the old and new address. Changes of address MUST be received in writing..*

## PLEASE NOTE:

- A. **ABANDONMENT OF LICENSURE APPLICATION.** California Code of Regulations, Title 16, Section 1806(c) states, "An application shall be deemed abandoned if the applicant fails to sit for examination within one (1) year after being notified of eligibility. Thereafter, the applicant shall not be eligible for further examination unless a new application is filed, meeting all requirements, and required fees are paid."
- B. **FEE.** The examination fee is \$100.00. Submit a check or money order made payable to the Behavioral Sciences Fund. **Examination fees are not refundable.**
- C. **LAWS AND REGULATIONS.** To obtain a copy of the *Laws and Regulations*, **please submit a written request and a self-addressed label to the Board** (type or print clearly your name and address on the label as it will be used to mail the publication to you), **or you may download the information from our website at <<http://www.bbs.ca.gov>>.**
- D. **AMERICANS WITH DISABILITIES ACT.** All examination sites are physically accessible to individuals with disabilities. Pursuant to Title II of the Americans with Disabilities Act and California law, the Board will provide reasonable accommodations to qualified candidates with disabilities. However, the Board will not provide accommodations that fundamentally alter the measurement of the skills or knowledge the examination is intended to test.

A disability is defined as a physical or mental impairment that limits a major life activity such as walking, seeing, hearing, speaking, breathing, learning, working, caring for one's self and performing manual tasks. Mental impairment includes any mental or psychological disorder such as organic brain syndrome, emotional or mental illness and specific learning disabilities.

Accommodations will not be provided at the examination site unless prior approval by the Board has been granted. **A candidate who seeks an accommodation has the responsibility to make the request and provide reasonable documentation of the need for accommodation at the time of submission of the application.** The information supplied to substantiate a candidate's request for an accommodation will be kept confidential to the extent provided by law. Any request for accommodation (except for accommodations requiring a physically accessible examination site) must be submitted to the Board on the form prescribed by the Board. If you wish to submit a request for accommodation, please contact the Board and request an Accommodation of Disabilities package.